FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051589 (5)

Principal Plac	Ce of Business	S INC. Mailing Address		-			
7039 MANDA		7039 MANDARIN DRIVE					
BOCA RATO	N FL 33433	BOCA RATON FL 33433	1		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified		
					06/13/1996		
2. Principal Place of Business		2a. Mailing Address			4, FEI Number		Applied For
21		26			65-0686886		Not Applicable
Suite, Apt	. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Regulred
City & Sta	ıla	City & State			A Classic Constant		<u>-</u>
a]		28			Election Campaign Financing Trust Fund Contribution		D May Be I to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the		
al	25	29	30	•	Personal Property Tax due June 30.		□ No
	9. Name and Address of Curre	nt Registered Agent	1441		10. Name and Address of New Registers	d Agent	
DF	EUTSCH, MERYL		1	1 Name			
7039 MANDARIN DRIVE BOCA RATON FL 33433			-	Street 6	Address (P.O. Box Number is Not Acceptable)		
			62 Street		Addies (1.0. Dox Harrioti is Not Acceptable)		
			1	13			
			<u> </u>	4 City		. 85 Zip	Code
			[]	7 0.0	F	L 65 27	0000
	and described. Take a substance about the	e of Florida. Such change was	authorized	by the corp	poration's board of directors. I hereby accept the a	ppointment a	s registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and title d applicable (NO	TE Registered		corporation submits this statement for the purpose oration's board of directors. I hereby accept the a required when reinstating)		
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN	ont and title if applicable (NO ND DIRECTORS	TE Repistered /	gent signature		ND DIRECTO	PRS IN 12
SIGNATURE 12. TIILE	Signature, typed or printed name of registered ag OFFICERS AN	ont and title d applicable (NO	TE Registered /	igent signature	required when reinstating) DATE		PRS IN 12
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6.4 CiTY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

MOTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561)4794991 Daytone Prize # 0331785

☐ Change ☐ Addition

FILED

May 11 1998 8:00am

Secretary of State